

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

44 -62-017940

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 11

Primary Registration District No. 4024 Registrar's No. 44

FILED MAY 16 1962

1. PLACE OF DEATH a. COUNTY <b>BARRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BARRY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>CASSVILLE</b>		c. CITY OR TOWN <b>RT. 2, PURDY</b>	
Length of stay in lb <b>7 days</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>OSTEOPATHIC HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>BUTTERFIELD TWP.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>OSCAR</b> Middle <b>REAVES</b> Last <b>SHELLY</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>7</b> Year <b>1962</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/31/90</b>
9. AGE (last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Custodian</b>	
11. BIRTHPLACE (City and state or country) <b>OKLA.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Alfred Shelly</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Ann Ward</b>	
14. NAME OF HUSBAND OR WIFE <b>Lucia Weaver Shelly</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Thrombophlebitis right leg</b>		<b>14 days</b>	
DUE TO (c) <b>Trauma</b>		<b>14 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary Embolism 4/28/62</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Knocked down by Colt in barn</b>	
20c. TIME OF INJURY Hour <b>5</b> p.m. Month, Day, Year <b>4/19/62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Butterfield</b>
20g. COUNTY <b>Barry</b>		20h. STATE <b>Mo</b>	
21. I attended the deceased from <b>4-19-62</b> to <b>5/7/62</b> and last saw him alive on <b>5/6/62</b>		Death occurred at <b>12:15 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Dr. J. L. Williams</b>		22b. ADDRESS <b>Purdy Mo</b>	
22c. DATE SIGNED <b>5/8/62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>5/9/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Stolan Springs, Ark.</b>		24. FUNERAL DIRECTOR <b>Doyle E. Williamson, Cassville, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>May 8-1962</b>		26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

6050

8050

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10 22

11 005

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OCT 2 1962

MAY 22 1962

MAY 17 1962

Permit obtained

May 8-1962. H.W.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Dyle E. Wilhonsen

Licensed Embalmer No. 4883

P. O. Address Cassville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.